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THE CONSERVATIVE PHASE OF HYPNOTISM IN THERAPEUTICS.

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In a recent article in this journal by Dr. Hamilton Osgood,¹ attention was called to the therapeutic value of hypnotism. Dr. Osgood defined hypnotism by saying that, "In every-day English it means the act of putting a person to sleep"; adding, with italic emphasis, "The character of the sleep is normal." He even declared, "It is absurd to consider the sleep neurotic, pathological, and especially hysterical." Such statements deserve most careful consideration from practising physicians, for upon their substantiation or disproval largely depends the practical value of hypnotism in therapeutics.

The etiology of hypnotism shows that it is not simply "putting a person to sleep." A frightful clash does not put one asleep, and Charcot hypnotized his epileptoids at the Salpêtrière² by the stroke of a gong. Hypnotizing is done by engaging the attention on a stimulus, sometimes subjective, but usually a monotonous sensory stimulus. This stimulus is seen alike in the lancet case of Braid, the blackboard chalk-marks used by Professor James, the ticking of a watch used by Heidenhain, and the passes used by Dr. Liébault. As would be expected, the application of this stimulus is followed by a diffuse nervous discharge, varying in

¹ The Therapeutic Value of Suggestion during the Hypnotic State, etc. Boston Medical and Surgical Journal of May 1st and 8th, 1890.

² Etudes Cliniques sur la Grande Hysterie. P. Richer.



its effect from an almost imperceptible acceleration of respiration and pulse, to a most violent hysterical attack. As in the use of hypnotic drugs, however, the nervous disturbances produced by the irritation of first contact are lessened in successive applications, so in hypnotism this discharge often decreases with successive sittings, and "old subjects" may show very little of it, the eyes perhaps being the only evidence of its existence. Yet the production of a state of apparent unconsciousness, preceded by a state of nervous excitement, does not suggest the simple process of going to sleep.

The character of the sleep is not normal. In normal sleep, the blood-circulation in the brain is reduced; but Heidenhain writes that he hypnotized his brother after giving him nitrite of amyl. Not only has hypnotism been called "artificial catalepsy," but most of the arbitrary lists of "degrees" or "stages" of hypnosis (of which each writer on the subject has furnished his own) have one degree called "cataleptic." It is a free use of technical terms to call a sleep "cataleptic" and "normal" too. Unexpected noises usually awaken a person from normal sleep, but suggest to a hypnotized patient that all is quiet, and the shriek of a whistle will not awaken him. Strümpell³ says: "There is no hypnotic phenomenon which can be artificially produced in healthy persons but has its perfect analogue among the symptoms of hysteria, and is referable to the same main conditions." Paul Richer agrees with Strümpell in the analogy of hypnotism and hysteria, declaring their etiology to be the means of distinction. He says that they are nearly related. The best evidences there are of an analogy between sleep and hypnosis, somnambulatory phenomena, not only are abnormal, but usually point to a pathological state

³ Text-book of Medicine, p. 763.

of the brain resulting from overwork or ill health. Moreover, somnambulism has yet to show all the phenomena of hypnosis. Finally, the predominant characteristic of hypnotism is the ease with which a hypnotized patient accepts suggestions, and becomes the victim of hallucinations regardless of reason. Now, not only do hallucinations usually indicate an abnormal state of the brain, but the grave functional derangements throughout the body that can be produced by suggestion in hypnosis clearly point to some pathological modification of the state of the brain. These functional derangements—as loss of sensation, loss of voluntary control of limbs, acceleration of pulse, etc.—are too well known to hypnotizers to need mention, though some cases of control of involuntary functions, such as the appearance of catamenia “to order” in Dr. Holst’s⁴ (Riga) patient, and many phenomena of anæsthesia, are very interesting. What pathological change in the brain these various derangements indicate is the problem of hypnotism. The late Mr. Edmund Gurney⁵ (E. S. P. R.) declared it to be “an inhibition of cortical function”; but this definition is both unsatisfactory and unsubstantiated.

The marked analogies in etiology, symptoms and prognosis between hypnosis and paranoia (of the single hallucination type), and the cases of insanity following excessive hypnotizing, referred to in a recent letter in this journal, suggest that in hypnosis we may have a temporary, artificially produced, pathological state of the brain, of which paranoia presents a more advanced type with anatomical lesions.

Whatever hypnotism may be pathologically, as a therapeutic agent its place is still in the laboratory. It is too dangerous and too little understood to be used

⁴ American Journal of Insanity, April, 1890, p. 536.

⁵ Problems of Hypnotism. Part VII. E. S. P. R. Proceedings.

in general practice without risk of serious injury to both patient and physician.

Of the possible evils to the patient, the first, the possible hysterical attack resulting from an attempt to hypnotize, has been indicated. The emetic effect of a first cigar is a trifle beside the violent nervous discharge that a young physician might cause in his first effort at the therapeutic use of hypnotism. This suggests the serious part that an unsuspected cardiac disease might play. Another primary evil results from the fact that some "subjects" show a much greater facility for being hypnotized than they do for being awakened. The press occasionally mentions a fatality of this kind. The practical trouble with the majority of such subjects, however, is that they do not completely wake up. They go round dazed, half hypnotized, or as Wm. B. Carpenter put it, "biologized" till after they have had a night's sleep. The nervous disturbances which unexpected circumstances may give rise to (referred to by Charcot⁶ in connection with laboratory crimes) in hypnotized subjects, show that a physician should not leave a patient in this state. Another thing that may be troublesome in the therapeutic use of hypnotism is the coma of the "cataleptic stage." The patient's pulse and respiration become reduced seriously, he no longer hears even the operator, and as it is a matter of no small difficulty to arouse him, unpleasant complications seriously affecting the confidence of the patient's friends in the physician may arise. This cataleptic coma is not very often seen in general practice, and it is not desirable for a young practitioner to himself produce his first case.

The worst harm that hypnosis can do a patient, however, is to induce a hypnotic habit. This habit is as fatal as are the habits of using any of the hyp-

⁶ Hypnotism and Crime. Forum, May, 1890.

notic drugs; and there seems to be the same fascination about it, too. "Good subjects" like to be hypnotized; and if they do not learn to hypnotize themselves by concentration of the attention, they are apt to form a habit of yielding readily to any monotonous stimulus ordinarily met with, as the ticking of a clock, the even black lines of print in a book, or the monotone of a sermon, and drifting into first a reverie, and then hypnosis. As hypnosis thus acquired usually ends in sleep, the immediate results are often unimportant. But it is a fatal mental habit, as many an intellectual worker, who acquired it without the aid of hypnosis, knows to his sorrow. Seductive as the day-dream may be, it ends in "thinking of nothing" and the theft of time from the work in hand. Moreover, as was recently shown in this journal the hypnotic habit may do serious injury to bodily health and mental sanity.

The injury that the therapeutic use of hypnotism may do the physician, is seen in the disrepute in which many people who have used it are held. Hypnotism has been the ablest agent of "Magnetic Physicians," "Christian Scientists," "Mental Healers," "Clairvoyant Physicians" and quacks and charlatans of every description. For hypnotism has two things about it that make its use dangerous for doctors in private practice; first, the nearly absolute control that an operator can acquire over his patient; and second, the possibility of inhibiting by suggestion the action of painful sensory nerves, and thereby producing a deceptive temporary abatement of symptoms, without the slightest effect upon the real trouble.

In view of the practical disadvantages that are liable to attend the promiscuous use of hypnotism as a therapeutic agent; of the statement of Dr. Sperling at a recent meeting of the Psychiatric Society at

Berlin that: "The present position of hypnotism in scientific medicine in Germany, is by no means sure or recognized;" of Voisin's recent opinion: "In brief, then, hypnotism is difficult of application and an untrustworthy means of treatment"; of the conservative opinions expressed at a recent discussion of the subject in Boston,⁷ and of the wide-spread interest in hypnotism on the part of young physicians—an interest for the most part derived from reading and unsupported by any practical familiarity with the details of a hypnotic clinic—it becomes more than unwise to let too euphemistic a statement of the matter go unanswered. It is a dangerous thing for young practitioners to be encouraged to try hypnotism as they would a new drug, by an assurance that it is "normal" and harmless.

⁷ Medical and Surgical Journal, vol. cxxii, p. 450.

